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ABSTRACT

This brief documents the numbers of children living in different types of kinship environments, characteristics of those environments, and services these children receive. Data come from the 1997 National Survey of America's Families, a nationally representative survey of households with people under age 65 that measures economic, health, and social characteristics. This analysis uses information from the sample of children under age 18. The three types of kinship care this brief examines are: private kinship care (1.3 million children being cared for privately by relatives without involvement of a public child welfare agency); kinship foster care (200,000 children living with relatives because a child welfare agency removed them from their parents due to abuse or neglect, took them into state custody, and placed them with a relative); and voluntary kinship care (300,000 children who came to the attention of child protection services and were placed with kin, but who are not in state custody). Results indicate that: the population of children living in voluntary kinship care is substantial; children in all kinship care environments face substantial socioeconomic risk; and despite being eligible to receive services, relatively few children in kinship care live in families that do. (Contains 12 references.) (SM)

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Children Cared for by Relatives: Who Are They and How Are They Faring?

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Many children in kinship care live in poverty and are not receiving the services they need to overcome this hardship.

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In 1997, 1.8 million children lived with relatives, with neither of their parents present in the home, according to analyses of the 1997 National Survey of America's Families (NSAF). The majority (1.3 million) of these children lived with kin privately without involvement of the child welfare system, while a half a million children were removed from their parents by a public agency because of abuse or neglect and placed with kin. Some of the children placed with kin by a public agency are in state custody (200,000) yet the majority (300,000) were placed with kin without being taken into custody.[1,2] Many of these children, regardless of the circumstances of their placement, are living in impoverished environments with caretakers who are older and have limited formal education. Moreover, despite being eligible for numerous public services, such as Aid to Families with Dependent Children (AFDC), food stamps, and Medicaid, many children in kinship arrangements do not receive them.[3]

These findings raise concerns about children living with kin and the environments in which they are being raised. A growing body of research by developmental psychologists suggests that separation from a parent or primary caretaker can be traumatic to a child (Bowlby, 1973, 1980). At the same time, the impact of a separation may be mediated by a host of factors innate to the child and by external factors such as the quality of the child's environment and the circumstances surrounding the separation (Fein and Maluccio, 1991). However, the findings in this brief suggest that many of these children live in poverty and are not receiving the services they need to overcome this hardship.

Despite this adversity, many experts believe that there are substantial benefits to placing children separated from their parents with kin rather than with unrelated foster parents. Specifically, research suggests kinship care placements may be preferable to nonkin foster care placements because they provide children with a sense of family support (Dubowitz et al. 1994). Research has also shown that children in kinship care have more frequent and consistent contact with birth parents and siblings than children in nonkin foster care (Chipungu et al. 1998). Yet it is still uncertain how the potentially damaging risks of poverty to children's development mitigate some of these benefits.

This brief documents the numbers of children living in different types of kinship environments, some characteristics of these environments, and the services these children receive. Findings are based on data from the 1997 National Survey of America's Families (NSAF), a nationally representative survey of households with persons under the age of 65. It includes measures of the economic, health, and social characteristics of more than 44,000 households. This analysis uses information from the sample of children under age 18. Information was obtained from the most knowledgeable adult in the household, the parent or caretaker most knowledgeable about the child's education and health

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care. This paper refers to these knowledgeable adults as "caregivers."

Three categories of kinship care are identified.

- ***Private kinship care (1.3 million children):*** Children are being cared for privately by relatives without involvement of a public child welfare agency.
- ***Kinship foster care (200,000 children):*** Children live with relatives because a child welfare agency removed them from their parents due to abuse or neglect, took them into state custody and placed them in the care of a relative.
- ***Voluntary kinship care (300,000 children):*** Children in these arrangements had come to the attention of child protective services and were placed with kin, but are not in state custody.

These categories are assessed and compared in terms of family environment and service receipt.[4]

One in five children in kinship care faces three or more simultaneous risks to their healthy development.

Environments of Children in Kinship Care

Substantial numbers of children in all types of kinship care face various socioeconomic risks to their healthy development. Two in five (41 percent) live in families with income less than 100 percent of the federal poverty level (FPL) (see table 1). One in three (36 percent) live with a caretaker without a high school degree. One in two (55 percent) live with a caretaker who does not a have a spouse. And nearly one in five (19 percent) live in households with four or more children. Of even greater concern, one in five (22 percent) face three or more risks simultaneously.[5] In comparison, only 8 percent of all children in the United States fall into this category (Moore, Vandivere, and Ehrle 2000).

Levels of risk do not vary significantly by kinship arrangements. The only difference was that a higher percentage (55 percent) of children in voluntary care live with providers without a high school degree, compared with children in private kinship care (33 percent) and children in kinship foster care (32 percent). This may be because many of these providers are grandparents, according to NSAF data, who may have had fewer opportunities for formal schooling. Otherwise, it is a notable finding that children experience the same level of risk regardless of the arrangement in which they live.[6]

Services for Children in Kinship Care

Service eligibility and receipt vary for the different kinship arrangements. Table 2 compares service eligibility for different types of kinship families. Some services are specific to the child welfare agency and some, such as income assistance, are provided by other agencies. Generally, only kin caring for a child who has been abused or neglected are eligible to receive child

TABLE 1. Environments of Children in Kinship Care

Socioeconomic Risk Factor	All Children in Kinship Care (sample size = 1095) (%)	Children in Private Kinship Care (sample size = 780) (%)	Children in Voluntary Kinship Care (sample size = 167) (%)	Children in Kinship Foster Care (sample size = 148) (%)
Caretaker has less than a high school degree[a,b]	36	33	55	32
Caretaker does not have a spouse	55	55	53	62
Four or more children live in the household	19	15	32	27
Family income less than 100% FPL	41	43	31	39
Three or more risks present	22	20	30	20

Source: Urban Institute calculations from the 1997 National Survey of America's Families.
Note: Based on t-tests, statistically significant differences at the 0.05 level are noted for the following comparisons of estimates: a = private kinship care to voluntary kinship care, b = voluntary kinship care to kinship foster care. These t-tests were only conducted when a chi-square test of distributions first indicated that a relationship existed between the type of kinship placement and the particular risk factor being analyzed.

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welfare services, but all kin are eligible to receive income assistance, Medicaid, food stamps (if the family is income-eligible), and supplemental security income (if the child meets disability guidelines).

Families caring for children who have been abused or neglected can receive services from the child welfare agency. This agency visits families to monitor the child's safety and well-being in the placement, provides foster parent licensing and payments, and helps link families to services. A foster care payment, available to all kin who are caring for children in state custody and who become licensed, can provide a substantial source of economic support.[7] Payments and licensing requirements differ from state to state and depend on the age of the child. In 1996, payments averaged $356 per month for a 2-year-old, $373 per month for a 9-year-old, and $431 per month for a 16-year-old child (American Public Welfare Association 1998). Many state child welfare systems also offer subsidized guardianship as an option for children living in relative care. Guardianship enables kin to assume long-term parental care of the child without severing the legal parent/child relationship (Takas 1993). Subsidized guardianship provides a stipend that sometimes equals a foster care payment.

Yet compared with traditional nonkin foster parents, research has found that kinship caregivers are less likely to request or receive foster parent training, respite care services, educational or mental health assessments, individual or group counseling, or tutoring for the children in their care. These providers also receive less information and supervision from the child welfare agency (Chipungu et al. 1998). Thus, the extent to which kinship foster caregivers actually receive the services they need from child welfare is uncertain. Moreover, voluntary providers could be at a particular disadvantage. They may receive a lower level of service from child welfare because the child is not in state custody, depending on the particular state

Voluntary providers may receive a lower level of service from child welfare because the child is not in state custody.

TABLE 2. Services Available to Kinship Care Families

	Private Kinship	Kinship Voluntary	Kinship Foster
Child Welfare Services	—	SOME—depending on the state and the agency.	YES—but research shows they receive fewer than traditional nonkin foster parents.
Foster Care Payments	—	NO	YES—*if* relative becomes a licensed foster parent.
TANF (formerly AFDC) Child-Only Grants	YES*	YES	YES—*if* not receiving a foster care payment.
TANF (formerly AFDC) Income Assistance Grants	YES—for themselves and their own biological children *if* income-eligible.	YES—for themselves and their own biological children *if* income-eligible.	YES—for themselves and their own biological children *if* income-eligible.
Food Stamps	YES—must be income-eligible, but relative children would be counted when determining the grant amount.	YES—must be income-eligible, but relative children would be counted when determining the grant amount.	YES—must be income-eligible, but relative children would be counted when determining the grant amount.
Medicaid	YES—*if* the family is income-eligible or a child-only grant is being made for that child.	YES—*if* the family is income-eligible or a child-only grant is being made for that child.	YES—all foster children are categorically eligible.
Supplemental Security Income	YES—*if* relative child meets disability guidelines.	YES—*if* relative child meets disability guidelines.	YES—*if* relative child meets disability guidelines and a foster care payment is not being made for that child.

*Wisconsin's TANF program converted child-only payments to kinship care payments and families are only eligible if the child is determined to be at risk of harm if living with his or her biological parents. Child welfare agencies do an assessment of all families applying for the payment.

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and agency. Voluntary kin providers do not have the option of becoming licensed foster parents.

Kin families are eligible for many services outside child welfare, yet they receive relatively few. With regard to income assistance, kin families not receiving foster care payments can receive child-only AFDC, now Temporary Assistance to Needy Families (TANF), payments each month. Payment amounts differ from state to state[6]—in 1996 they ranged from $60 to $452 for one child per month, with an average of $207 per month.[7] These amounts are prorated at a declining rate for each additional child and do not vary depending on the age of the child. This average is notably lower than the average foster care payment, which, as previously stated, ranges from $356 to $431 per month depending on the age of the child. Finally, families that are income-eligible, which many kinship families are, can receive the standard AFDC payment for the household unit.

In 1997, only 53% of all children in kinship care received Medicaid, despite all being eligible.

In 1996, despite their eligibility, only 28 percent of children living with relatives were receiving AFDC payments (table 3). Significantly more children in voluntary care families (52 percent) were receiving payments, however, compared with children in private kinship families (24 percent) and children in kinship foster families (19 percent). The higher percentage of voluntary families receiving payments may be due to their links to child welfare system. Social workers may refer these families to AFDC for financial assistance. Private kinship providers, however, do not appear to have this contact and may not be aware that they are eligible for assistance. The lower receipt of income assistance among kinship foster families may be a function of their already receiving foster care payments, which makes them ineligible for a child-only AFDC payment.

Income-eligible kinship families can also receive food stamps, with the relative child figured into the assistance amount. Given the poverty many kinship families experience, it seems likely that many would be income-eligible and receive this type of assistance, particularly if they took on the care of an additional child. In 1996, 60 percent of children in kinship care families with incomes below 100 percent of FPL lived with a family member who had received food stamps (64 percent of all children in families with incomes below 100 percent of FPL lived with a member who had received food stamps). This portion did not differ depending on the type of kinship care arrangement the child lived in.

Generally all children living in kinship care are eligible to receive Medicaid. For children in private and voluntary kinship care, if the family is receiving a child-only payment for that child (for which all are eligible), the child is also eligible for Medicaid. Children in kinship foster care are categorically eligible to receive Medicaid assistance.

Given their eligibility for Medicaid and the difficulty in placing a nonbiological child on an employer-covered insurance plan, it would be expected that receipt of Medicaid would be very high among families caring for relative children. However, in 1997, only 53 percent of all children in kinship care received Medicaid. Moreover, only 58 percent of children in kinship foster care families were receiving it, especially surprising given foster children's categorical eligibility. Yet only 29 percent of all children in kinship care were uninsured at some time in 1997, suggesting that some kinship care children may be included on the caretaker's private plan. Adding a nonbiological child to a private plan may be difficult, however, particularly if the caretaker does not have legal custody of the child.

Finally, if the relative child in their care meets disability guidelines, relative families are eligible to receive supplemental security payments, unless they are already receiving foster care payments in 1996. Three percent of children in kinship families were receiving these payments, and percentages did not differ depending on the type of kinship care in which the child was placed.

Overall, given the hardship many kinship families experience and their eligibility for services, the relatively low percentages of families actually receiving some

TABLE 3. Service Receipt of Children in Kinship Care

Service	All Children in Kinship Care (sample size = 1095) (%)	Children in Private Kinship Care (sample size = 780) (%)	Children in Voluntary Kinship Care (sample size = 167) (%)	Children in Kinship Foster Care (sample size = 148) (%)
AFDC[a,b]	28	24	52	19
Food Stamps (percents based on children in families with incomes below 100 percent of the federal poverty line)	60	58	60	77
Supplemental Security Income	3	3	2	4
Medicaid	53	49	71	58

Source: Urban Institute calculations from the 1997 National Survey of America's Families.
Note: Based on t-tests, statistically significant differences at the 0.05 level are noted for the following comparisons of estimates: a = private kinship care to voluntary kinship care, b = voluntary kinship care to kinship foster care. These t-tests were only conducted when a chi-square test of distributions first indicated that a relationship existed between the type of kinship placement and the particular service being analyzed.

services raises questions about access. Previous research has suggested that relatives caring for children privately sometimes face significant obstacles to obtaining assistance because they do not have legal custody of the children in their care. Eligibility workers also may not be aware of the services kinship families can receive (Chalfie 1994; Hornby, Zeller, and Karraker 1995). Further, these families may not seek out these services because they are unaware that they are eligible or because they want to avoid involvement with welfare agencies. More research on frontline practices and the kinship families themselves is needed to better understand why services are not being accessed.

However, an increasing number of states are creating and modifying policies to alleviate access issues. For example, in Washington, D.C., relative caregivers can obtain a medical consent form that gives them permission to seek routine and emergency medical assistance for the child. In addition, in some communities, comprehensive resource and service centers are now available to offer support groups, individual counseling, parenting classes, respite care, information and referral services, health screenings, and job training and education to grandparents and other relatives caring for kin children (Generations United 1998).

Discussion

The NSAF is the first national survey to identify and enumerate different types of kinship care families. It also provides the first available detailed data on the environments and service receipt of children in kinship care. These findings are important because they can inform policymakers and those developing and implementing programs to serve kinship care families. A few findings are of particular note.

- **The population of children living in *voluntary kinship care* (300,000), those placed with kin due to abuse or neglect but not taken into state custody, is substantial.** This population had never been identified using national data and it is notable that it is so large. Moreover, findings show that these children experience similar levels of socioeconomic risk as children in other kinship arrangements. This is problematic because these children have already experienced abuse or neglect and are now in precarious environments with potentially lower levels of monitoring from the child welfare agency.

- **Children in all kinship care environments face substantial socioeconomic risk.** One fifth (22 percent) of children in kinship care simultaneously face three or more risks, while only 8 percent of the overall population of children in the United States have this experience. Given that only children in kinship foster and voluntary kinship care receive services from the child welfare agency, child welfare decision-

Children living in voluntary kinship care are now in precarious environments with potentially lower levels of monitoring from the child welfare agency.

makers have become increasingly concerned that more private kinship caregivers, who are equally needy, will seek assistance from the child welfare system.

- **Despite being eligible to receive services, relatively few children in kinship care live in families that do.** More information is needed to address the access issues these families may face.

Children living with kin are already in a vulnerable situation given that they are separated from their parents. The environments in which they are placed may make a significant difference in how they adjust to this separation. However, many children in kinship care arrangements face considerable socioeconomic risks to their healthy development and their families may not be receiving the services they need to overcome these risks. Ideally, a service system to support these families would capitalize on the benefits children gain from being placed with kin while at the same time providing the resources relatives need to create environments that promote children's well-being.

Endnotes

1. When a child welfare agency believes a child's home environment puts the child at serious risk of abuse or neglect, the agency will petition the court to remove the child from parental custody. The state takes temporary custody of the child when a court determines that removal is necessary.

2. Given the relatively small size of the kinship care population there is more room for error when estimating the sizes of the different subpopulations. The population estimates in this report represent our best attempt at enumerating the subpopulations of children in kinship care. Yet it is important to note that the true population numbers may lie somewhere within a range of estimates. Specifically, these data suggest there is a 90 percent likelihood that the number of children in private kinship care is between 1,120,000 and 1,383,000; that the number of children in kinship foster care is between 130,000 and 232,000; and that the number of children in voluptary kinship care is between 191,000 and 341,000.

3. In 1997 when this data was collected, the income assistance program for needy families was called Aid to Families with Dependent Children (AFDC). The Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) signed into law in August 1996, replaced AFDC with Temporary Assistance for Needy Families (TANF).

4. Differences among all three groups were assessed using chi-square tests. Where these tests demonstrated a statistically significant relationship at the 0.05 level, differences between each possible pair of kinship arrangements were determined using t-tests. Findings discussed in this text are statistically significant at the 0.05 level, unless otherwise stated.

5. Research suggests that children may be resilient to growing up with one risk, but the presence of multiple risk factors may be harder to overcome (Garmezy 1993), and has been associated with worse outcomes for children (Moore, Vandivere, and Ehrle 2000).

6. Although the percentages may appear different in some cases the differences are not significant, due to small sample sizes and higher standard errors.

7. In three states the relative child also has to be IV-E eligible. A child's eligibility for IV-E is linked to his or her family's eligibility for the Aid to Families with Dependent Children (AFDC) program as in effect in their state on July 16, 1996.

8. In Wisconsin, the child must be shown to be at risk of harm if living with biological parents in order for the relative caregiver to be eligible for a TANF child-only payment.

9. This data is based on an annual benefit survey conducted by the Congressional Research Service and from Urban Institute tabulations of AFDC state plan information.

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This series presents findings from the 1997 and 1999 rounds of the National Survey of America's Families (NSAF). Information on more than 100,000 people was gathered in each round from more than 42,000 households with and without telephones that are representative of the nation as a whole and of 13 selected states (Alabama, California, Colorado, Florida, Massachusetts, Michigan, Minnesota, Mississippi, New Jersey, New York, Texas, Washington and Wisconsin). As in all surveys, the data are subject to sampling variability and other sources of error. Additional information on the NSAF can be obtained at **http://newfederalism.urban.org**

The NSAF is part of ***Assessing the New Federalism***, a multiyear project to monitor and assess the devolution of social programs from the federal to the state and local levels. Alan Weil is the project director. The project analyzes changes in income support, social services, and health programs. In collaboration with Child Trends, the project studies child and family well-being.

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